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ABSTRACT

Although widowhood is a disruptive and inevitable phenomenon for many older people, few studies have explored either adjustment to widowhood or the impact of widowhood on the lives of elderly people. Recently widowed persons (N=51), ranging in age from 49 to 83 years old, were interviewed to examine their relatively immediate psychosocial adjustment to widowhood. The time interval between death of spouse and the interview ranged from 4 to 12 weeks. No correlation was found between the Social Network Scale and any of the four adjustment measures, suggesting that the existence of a social network characterized by stability, intimacy, and reciprocity was not an important factor in the adjustment of these recently widowed persons. Positive correlations were found between preparation for loss and self-reports of adjustment, and between internal control and life satisfaction; negative correlations were found between internal control and psychiatric symptoms, and depression. Loneliness was the most frequently reported problem of widowhood, perhaps indicating that loneliness prior to widowhood may be a significant contributing factor to post-widowhood adjustment. Compared to samples of other older people, these subjects were relatively well-adjusted as indicated by scores on functional health, depression, and life satisfaction scales. (Author/NRB)

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An Exploratory Study of Adjustment to Widowhood[1]

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Running Head: Adjustment to Widowhood

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The event of widowhood is often described as "the singlemost disruptive crisis of all the transitions of the life cycle" (1). It has been noted, however, that despite the extent and inevitability of the phenomenon for most people, there has not been extensive research on adjustment to widowhood and strikingly "little research interest has . . . focused on the (impact of widowhood) on the lives of elderly people" (10). The paucity of data on widowhood reflects both how very recently "death has become a suitable topic for scientific investigation" (11) and such related difficulties as locating a sample and securing consent. Consequently, most studies of widowhood have not investigated immediate psychological and social impact of the event and have instead concentrated on assessing psycho-social adjustment retrospectively. In Heyman and Gianturco's (10) study, for example, the mean interval between bereavement and interview was 21 months and in Lopata's (8) study, the death of the husband occurred at least five years earlier for over half of the sample. A distinguishing feature of the present study is that it focuses on reactions to widowhood relatively immediately following the loss of the spouse.

A number of studies (8, 15) have provided some indications of the factors that might be influential in determining adjustment to widowhood. Among these factors, the role of a social network in supporting adjustment to widowhood has been underscored (10, 15, 16, 17). However, empirical support of the importance of a social network has been neither consistent nor extensively assessed. Arling (6) for example, indicates that "contact with family members . . . does little to elevate morale" whereas Lopata (16), in a study which differentiated between mere contact and support, indicated

that family members were a frequent source of support.

Preparation, or "anticipatory widowhood" (8) is also considered to play an important function in facilitating adjustment (18, 19). Events which constitute such preparation might be awareness of the death of a friend's spouse or the declining health of one's own mate (20). Indeed, acquaintance with those who have already lost a spouse may provide role models who offer direction and information on how to prepare for and adjust to widowhood (10, 21). Once again, however, the evidence is not consistent. Carey (22), for example, found forewarning of a spouse's death to be a predictor of adjustment, but studies by Gerber, Rusalem, Hannon, Battin and Arkin (23) and Clayton, Halikas, Maurice and Robins (14) found advanced preparation had either no effect or even some negative influence.

The circumstances surrounding the numerous physical, psychological and social losses that often accompany advancing age might be critical influences on the adjustment of older people in general. For many older people, such losses might constitute a reduced sense of personal control over life and environment. Recently, a few investigators have examined the relationship between personal control beliefs and adjustment in the elderly (28, 29, 30). In response to the apparent need for more situationally specific measures, Reid, Haas and Hawkings (31) used a locus of control index designed specifically to be more relevant to the everyday lives of elderly people. Consistent with most studies (28, 29, 30), Reid et al., found that internal locus of control is associated with general adjustment in the elderly. Thus exploration of the relationship between locus of control and adjustment to the more specific life event of widowhood seemed warranted.

In light of the prior limitations and inconclusive findings in studies on widowhood as well as the evidence for personal control beliefs affecting general adjustment, the present study investigated relatively immediate psychological adjustment to widowhood among older people. The hypotheses were that:

(1) recently widowed people with more stable, intimate and active social networks characterized by reciprocal exchange of aid, and

(2) those who have had more preparation for the loss of the spouse, and

(3) those who have a more internal locus of desired control

would be better adjusted to the event of widowhood, exhibit less psychiatric symptoms and depression, and have higher life satisfaction.

Sample

The sample consisted of 51 recently widowed people (15 males and 36 females) ranging in age from 49 to 83 (mean = 66) who used the obituary columns of daily newspapers in Toronto to announce the deaths of their spouses. One hundred and eighty-one obituary notices were selected according to the following criteria:

(1) mention of a surviving spouse,

(2) apparent advanced age of the deceased as indicated by reported age, status as grandparent, or married status of surviving children, and

(3) residence of the surviving spouse in Metropolitan Toronto and vicinity.

Of the 181 names that were selected, 134 or 74% were successfully contacted by a letter sent to an address acquired from the Metropolitan Toronto telephone book, and then by a telephone call. Of these, 12 did not understand English and were excluded from the sample. The 42% acceptance rate for the present study (51 of the 122 potential subjects) is consistent with acceptance rates found in other social scientific studies.

Interview and Measures

For this sample, the time interval between death of spouse and interview ranged from 4 to 12 weeks with a mean lapse of 8 weeks. All interviews were administered by one of three paid and trained female interviewers or by myself. With the exception of a deaf mute subject whose adult daughter translated sign language, all interviews were conducted privately in the subjects' homes. The interview schedule consisted of three new measures. Two of these, the Social Network and the Anticipatory Socialization Scales were devised for purposes of measuring independent variables in the first and second hypotheses respectively. The third new measure, a Self-report of Adjustment ot Widowhood, was included in a battery of four general adjustment measures. Details regarding these and other instruments employed in the present study are as follows:

The Social Network Scale consisted of eleven a priori derived subscores designed to reflect the number, frequency, stability and reciprocity of social contacts. Examples of items from this scale are:

(1) the number of intimate confidants

(2) the duration of relationships with intimate confidants and

(3) the extent to which aid was reciprocated between family members.

An Anticipatory Socialization Scale composed of thirteen items was devised to reflect the amount of preparation the subject had for the death

of the spouse. Examples of items from this scale are:

(1) the number of friends who are widowed

(2) the recency and frequency of the spouse's illnesses

(3) the number of other losses through death and

(4) existence of special arrangements, such as wills and life insurance policies.

The third new measure was a Self-report of Adjustment to Widowhood Scale, composed of eight items measuring on a 7-point scale the extent to which subjects felt they were adapting to and coping with the specific event of widowhood. Examples of items from this scale are:

(1) how well do you think you are adapting to widowhood and

(2) how well do you think you are coping with the crisis of widowhood compared to the way you have coped with other life crises?

Another scale used in this study was an internal-external Desired Control Measure devised by Reid and Ziegler (32) for use with an elderly population. A key feature of this measure is its use of both desire and expectancy items. The desire items measure the strength of the subject's desire for control over specific outcomes. These items are used to weight the corresponding expectancy items, which measure the extent to which the subject feels he or she actually exercises control on the outcome in question. An example of an item pair in this scale is:

the desire item

(1a) How desirable is it to you that your friends come and visit with your regularly?—with a five point response choice ranging from very desirable to very undesirable;

and the corresponding expectancy item

(1b) I find that I am able to arrange for friends to come and visit me regularly-with a five point response choice ranging from strongly agree to strongly disagree.

The Life Satisfaction Index-Z (33), a shortened (13-item) form of the original (20-item) Life Satisfaction Index developed by Neugarten, Havinghurst and Tobin (34), was included as an index of more general adjustment.

A Depression Measure adapted from Jackson and Messick's (35) Differential Personality Inventory was included as a third index of psychological adjustment, and a twenty-two item Psychiatric Symptoms Index developed by Langner (36) was used as a final measure of psychological adjustment. [This instrument has been used in a variety of studies on mental health (37, 38) and "has been the commonly used yardstick of psychiatric impairment in community surveys" (39).]

In addition to these measures, a Functional Health Scale (40) was included in order to explore any possible relationship between perceived health status and adjustment.

The interview also included questions designed to glean demographic information concerning immigration, educational and occupational statuses, as well as individual items to assess the extent to which subjects felt lonely both prior and subsequent to the event of widowhood, and an open-ended question requesting subjects' perceptions as to the most important problem of widowhood.

Psychometric Properties of Measures

An index of homogeneity (Cronbach's alpha) was calculated for each of the newly constructed measures. For the Social Network Scale, the homogeneity index was .84, for the Anticipatory Socialization Scale .57, and for the

Self-report of Adjustment to Widowhood Scale .88. Thus, the Social Network and Self-report of Adjustment to Widowhood Scales were considered acceptable but the Anticipatory Socialization Scale could benefit from further refinement.

The homogeneity indices yielded from the present data for each of the established measures are as follows: The desire and expectancy subscore reliabilities were .85 and .89 respectively while the overall Desired Control Scale yielded an index of .91. The homogeneity for the Life Satisfaction Scale was .78, for the Depression Scale .77, for the Psychiatric Symptoms Index .80, and for the Functional Health Scale it was .84.

Findings: Brief Demographic Characteristics of the Sample

Thirty-two of the 51 subjects were born in Canada. Religious affiliation was predominantly Protestant (59%) followed by Jewish (23%), Catholic (16%) and Other (2%). More than half of the subjects (63%) had at least some high school education.

Scale Score Correlations

Social Newtwork did not correlate with any of the four adjustment measures. The Anticipatory Socialization Scale correlated with two of the adjustment measures (.36 with the Self-report of Adjustment to Widowhood and .25 with the Life Satisfaction Index-Z). The Desired Control Scale also correlated positively (.31) with scores on the Life Satisfaction Index-Z. Negative correlations were found between Desired Control and the existence of both Psychiatric Symptoms (-.32) and Depression (-.37).

In addition to these findings, there was a correlation of .30 between higher Desired Control and greater Social Network, as well as a negative

correlation of the same magnitude between greater Functional Health and lower Psychiatric Symptoms ($r = -.30$, $p < .05$, $n = 51$).

Sex differences were assessed for differences between means on all scale scores, but the only measure for which there was a significant difference was the Functional Health Scale ($t(49) = 2.60$, $p < .05$). Males had higher mean scores ($\bar{X} = 14.47$) than females ($\bar{X} = 12.89$), although there may be some general sex bias in the scale items to the effect that males might obtain higher scores despite their age on items which involve, for example, physical strength. A most interesting finding was that when mean scores on Functional Health, Depression and Life Satisfaction Scales were compared to mean scores on the same scales in samples of both institutionalized and non-institutionalized elderly people studied by Reid and Ziegler (32), it was found that the present sample was significantly healthier ($t = 4.69$, $p < .01$), less depressed ($t = 15.51$, $p < .01$) and more satisfied with life ($t = 9.50$, $p < .01$). These differences held up ($t = 3.60$, 11.43 and 8.99 respectively, $p < .01$) even when means were computed for the scores of only those subjects within an age range comparable to that of Reid and Ziegler's (32) samples. A social status index derived from information on immigration, educational and occupational statuses correlated significantly with all four adjustment measures (ranging from .40, $p < .01$ to .55, $p < .001$) and with both the Anticipatory Socialization Scale ($r = .26$, $p < .05$) and the Desired Control Scale ($r = .32$, $p < .05$). This indicated that social status could be contributing to the unpartialled correlations between Anticipatory Socialization and Desired Control Scale scores and scores on the four adjustment measures. Controlling for social status yielded partial correlation coefficients of .26 between Anticipatory Socialization and Self-reported Adjustment to Widowhood, and -.26 and -.24

between Desired Control with Psychiatric Symptoms and Depression respectively ($p < .05$, $n = 44$). The magnitude of these correlations is therefore somewhat attenuated relative to the unpartialled correlations.

Further post hoc analyses involving division of subjects into high and low social status groups based on the median score revealed that for the high social status group the relationship between Anticipatory Socialization and Self-report of Adjustment to Widowhood ($r = .46$, $p < .02$, $n = 24$) was even stronger than it had been across all subjects, but for the low social status group there was no significant relationship. An unexpected finding was that for the low social status group, Social Network was positively related, contrary to the original hypothesis, to Psychiatric Symptoms such that a more extensive Social Network was associated with greater Psychiatric Symptoms ($r = .34$, $p < .05$).

Of additional interest were the findings that two individual items assessing the extent to which subjects felt lonely before and after widowhood correlated significantly with one out of four and three out of four adjustment measures respectively. More specifically, degree of loneliness experienced in the past correlated ($r = .25$, $p < .05$, $df = 49$) with Self-reported Adjustment to Widowhood indicating that subjects who felt lonelier during most of their lives reported better adjustment to the event of widowhood. In contrast, the other item, assessing present feelings of loneliness correlated -.60 ($p < .001$, $n = 51$) with Self-reported Adjustment to Widowhood, .41 ($p < .01$, $n = 47$) with Depression, and -.43 ($p < .001$, $n = 51$) with Life Satisfaction, indicating that less loneliness at the present time was related to better adjustment, less depression and higher life satisfaction. Further analysis of these two items revealed that loneliness experienced in the past was negatively related to feelings of loneliness after widowhood ($r = -.24$, $p < .05$, $n = 51$).

Finally, an open-ended question asking subjects to state which is the most important problem of widowhood was content analyzed into eleven categories. Loneliness was the most frequently reported problem for both men (73%) and women (55%).

Discussion

In summary, the Social Network Scale did not correlate with any of the four adjustment measures, hence there was no support for the first hypothesis. Apparently the existence of a social network characterized by stability, intimacy, and reciprocity was not an important factor in the adjustment of these very recently widowed people. One speculation is that it may be the case that mobilization of the social network as a resource becomes important at a later point in time. It would be interesting to investigate changes in social networks over a longer period of widowhood for any possible relationship to ongoing adjustment.

The demonstrated relationships between Anticipatory Socialization and two adjustment measures and between Desired Control and three measures of adjustment lend some support to the second and third hypotheses that preparation for the loss of a spouse and more internal Desired Control are related to better adjustment. Since the relationship between Anticipatory Socialization and one adjustment measure in particular (the Self-reported Adjustment to Widowhood) was strongest for widowed people of higher social status, further investigation should attempt to confirm and explain the importance of social status to this relationship.

Previous research has suggested the importance of locus of control in understanding general adjustment to old age (28, 29, 30, 31). A contribution

of the present study is that it attended to the need for measuring locus of control with a more situationally sensitive instrument (32) and in addition, it focused on the relationship between locus of control and adjustment to a specific life event. Unfortunately, it is difficult to tease out the extent to which the relationships found in the present study between locus of control and the adjustment measures pertain to the widowhood experience and the extent to which they pertain to more general adjustment. The absence of a correlation between the Desired Control Measure and the Self-report of Adjustment to Widowhood--especially in light of the significant intercorrelation of the Self-report of Adjustment to Widowhood with the other adjustment measures--implies that the relationship between Desired Control and the other adjustment measures might actually reflect the importance of locus of control to general adjustment and not adjustment to the event of widowhood per se. In any case, one's general adjustment to old age is most decidedly influenced by the occurrence of such age-related life events as widowhood, and subsequent investigation into the relationship between one's locus of control and one's adjustment to rather specific life events should ideally be longitudinal and include a span of time prior to disruptive life events.

The finding that loneliness was the most frequently reported problem of widowhood is consistent with other research (8). A further contribution of the present study is the indication that loneliness prior to Widowhood may be a significant contributing factor to post widowhood adjustment. Loneliness, should therefore be investigated not only as a symptom after widowhood but as an independent variable in the context of a broader time dimension.

It is notable that contrary to what might be expected, the present study

of very recently widowed people found them to be significantly better adjusted than other samples of elderly people (32). This finding is, however, somewhat consistent with Heyman and Gianturco's (10) finding that elderly subjects who had been widowed an average of 21 months were reasonably well adapted to their loss. The fact that the widowed subjects in both the present study and Heyman and Gianturco's study (10) were of relatively advanced age supports the speculation that advanced age per se may contribute towards better adjustment to the event of widowhood.

An alternative interpretation of the better adjustment observed in the present sample, however, is that subjects who consented to be interviewed might represent a relatively better adjusted and thus select subgroup of older people. Because of the method employed to generate a sample, specification of the population from which the sample was drawn is difficult and any generalizations of the findings from this study must be carefully qualified. Nevertheless, the possibility, as indicated by these findings, that a significant proportion of older widowed people are well adjusted should be investigated in future research.

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Footnotes

1. This project was supported in full by the Ontario Ministry of Health Grant (No. DM346) to the latter two authors.

2. The expectancy and desire subscores have also been used as separate predictor variables in multiple regression studies in previous research (32). Within these studies the total cross-products index, as used in the present study, produced essentially the same values as the multiple correlation in the regression analyses.

Table 1 - Social Network Scale Subscores and Items

Subscore	Composite Items
1. Number of relatives	Number of children + Number of siblings
2. Number of friends before widowhood	(single item)
3. Number of friends during spouse's illness (or at time of spouse's death)	(single item)
4. Number of friends after widowhood	(single item)
5. Number of intimate confidants	Child as confidant + Sibling as confidant + Friend or neighbor as confidant + Other as confidant
6. Stability (duration) of relationships with confidants	Duration of confidant relationship (with child + with sibling + with friend or neighbor)
7. Frequency of contact	Frequency of contact (with children + with siblings + with confidants)
8. Amount of aid given recently	Amount of aid give recently (to children + to siblings)
9. Amount of aid received recently	Amount of aid received recently (from children + from siblings)
10. Amount of aid given in past	Amount of aid given in past (to children + to siblings)
11. Amount of aid received in past	Amount of aid received in past (from children + from siblings)

Table 2 - Anticipatory Socialization Scale Items

1.	How many of your friends were widowed after you met them?
2.	When did you first become aware that your spouse was ill?
3.	How many times had your spouse been seriously ill during your marriage?
4.	How recent were these illnesses?
5.	What type of illness(es) did your spouse have (chronic or acute)?
6.	During the final illness did you care for your spouse at home?
7.	How long before your spouse's death was (he or she) hospitalized?
8.	How many other close relatives and friends have you lost through death?
9.	Do you feel that you have been widowed about the same time as, earlier than or later than other people your age?
10.	Did you think much about the possibility of your spouse's death before (his or her) death?
11.	Did you discuss the possibility of your spouse's death with a friend, acquaintance, relative, clergyman, funeral director or anyone else?
12.	Before your spouse died, did you and your (husband or wife) make any special arrangements (e.g., life insurance policies, plans to change living arrangement) for your life after (his or her) death?
13.	Did you and your (husband or wife) make a will?

Table 3 - Self-Report of Adjustment to Widowhood Items

1. How well do you think you are adapting to widowhood?

extremely poorly	very poorly	poorly	average	fairly well	very well	extremely well
1	2	3	4	5	6	7

2. How well are you coping with the various problems of widowhood (e.g., financial problems, problems in social life, etc.)?

1	2	3	4	5	6	7

3. How well are you coping with the crisis of widowhood compared to the way you have coped with other life crises (e.g., menopause, retirement, empty-nest, deaths of other loved ones, etc.)?

extremely worse	very much worse	worse	about the same	better	very much better	extremely better
1	2	3	4	5	6	7

4. How well do you think you will be able to cope with "the future"?

extremely poorly	very poorly	poorly	average	fairly well	very well	extremely well
1	2	3	4	5	6	7

5 How would you describe your present outlook on life?

extremely pessimistic	very pessimistic	pessimistic	neutral	optimistic	very optimistic	extremely optimistic
1	2	3	4	5	6	7

6. Some people feel that they have been strengthened by the experience of widowhood and others feel they have been weakened. How would you describe the way you feel?

extremely weakened	very weakened	somewhat weakened	unaffected	somewhat strengthened	very strengthened	extremely strengthened
1	2	3	4	5	6	7

7. How difficult has it been for you to get used to the idea that you have been widowed?

extremely difficult	very difficult	somewhat difficult	intermediate	somewhat easy	very easy	extremely easy
1	2	3	4	5	6	7

8. How easy will it be, or has it been, for you to resume a normal life (e.g., to return to normal activities and feel "yourself" again?

1	2	3	4	5	6	7

Table 4 - Intercorrelations of Scale Scores[1]

	SOCNET	ANTISOC	LODC	SRAW	LSIZ	DEP	PSYSYMI	FH	VIRO
SOCNET		-.16 (N=51)	.30* (N=51)	-.14 (N=51)	-.05 (N=51)	-.04 (N=47)	.19 (N=51)	.00 (N=51)	.26* (N=50)
ANTISOC			.15 (N=51)	.36** (N=51)	.26* (N=51)	-.07 (N=47)	-.19 (N=51)	-.18 (N=51)	.01 (N=50)
LODC				.18 (N=51)	.31* (N=51)	-.37** (N=47)	-.32** (N=51)	.16 (N=51)	.54*** (N=50)
SRAW					.48*** (N=51)	-.56*** (N=47)	-.51*** (N=51)	.04 (N=51)	.32* (N=50)
LSIZ						-.56*** (N=47)	-.46*** (N=51)	.01 (N=51)	.26* (N=50)
DEP							.55*** (N=47)	-.14 (N=47)	-.46*** (N=46)
PSYYNI								-.30* (N=51)	-.40** (N=50)
FH									.34** (N=50)

[1]Sample size fluctuations are due to missing data

* p < .05
** p < .01
*** p < .001

Table 5 - Categories Generated from Content Analysis of the Most Important Problem of Widowhood with Frequencies and Percentages of Category Occurrence

	Females		Males		All Subjects	
Categories	Frequency	Percent	Frequency	Percent	Frequency	Percent
Loneliness	20	55	11	73	31	60
No Problem	3	8	2	13	5	10
Heavy Work, Homecare, or Housework	4	11	1	7	5	10
Accepting the Fact of Widowhood and Adjusting to Widowed Status	1	3	1	7	2	4
Finances	2	5	0	0	2	4
Locating Important Papers and Bank Accounts	1	3	0	0	1	2
Transportation	1	3	0	0	1	2
Writing Thank-you Notes to Senders of Sympathy Cards	1	3	0	0	1	2
Worrying About Childrens' Reactions to Loss	1	3	0	0	1	2
Being a Burden to Others	1	3	0	0	1	2
Getting to Sleep	1	3	0	0	1	2
Total	N=36	100%	N=15	100%	N=51	100%